NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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22389 U.S.PTO
10/680187
100803

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): DISPOSITIF DE COLLIMATION D'UNE MATRICE DE DIODES LASER HAUTE BRILLANCE

By (Inventors): Yves LUTZ

☒ Formal drawings (Figs. 1-6; 3 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to INSTITUT FRANCO-ALLEMAND DE RECHERCHES DE SAINT-LOUIS.
☐ The executed Assignment is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☒ Priority of foreign application No. 02 12572 filed October 10, 2002 in France is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN A SMALL ENTITY RATE	OTHER THAN A SMALL ENTITY FEE
BASIC FEE				$ 385	OR		$ 770
TOTAL CLAIMS	10 - 20	= 0*	x 9 =	$	OR	x 18	$
INDEP CLAIMS	2 - 3	= 0*	x 43 =	$	OR	x 86	$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 145 =	$	OR	+ 290	$
			TOTAL	$	OR	TOTAL	$ 770

* If the difference is less than zero, enter "0".

☒ Check No. 147213 in the amount of $770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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WPB:JSA/tmw